

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$95.00 for date of service 09/06/01.
- b. The request was received on 02/20/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/01/02
  - b. HCFA(s)-1500
  - c. TWCC 62 forms
  - d. Example EOB(s) from other carriers
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 04/08/02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 04/01/02:  
"The disputed issue is that the Carrier has only paid \$95.00 for this claim stating No MAR, reduced to fair and reasonable.... The expected out come of this issue is that we Feel the claims should be pain in full..."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/06/01.
2. The carrier's EOB has the denials "M – NO MAR SET BY TWCC – REDUCED TO FAIR AND REASONABLE OBUS FORME CUSHION NO MAUFACTURER [sic] INVOICE ATTACHED. The carrier did not submit a response to the request for medical dispute. The Medical Review Division's decision is rendered based on denial codes submitted to the provider prior to the date of the dispute being filed.
3. The following table identifies the disputed services and Medical Review Division's Rationale:

| DOS           | CPT or Revenue CODE | BILLED   | PAID    | EOB Denial Code(s) | MARS | REFERENCE  | RATIONALE:  |
|---------------|---------------------|----------|---------|--------------------|------|--|---|
| 09/06/01      | E1399               | \$190.00 | \$95.00 | M                  | DOP  | Texas Workers' Compensation Act & Rules, Sec. 413.011 (d); MFG, GI (III) | Because there are no current fee guideline for the DME provided, the Medical Review Division has to determine based on the parties' submission of information, what represents fair and reasonable reimbursement. The MFG, GI (III) states, "(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show what is fair and reasonable reimbursement. The provider submitted EOB(s) to document fair and reasonable reimbursement. However, in view of recent analysis of SOAH decisions EOB(s) have been given minimal weight for documenting fair and reasonable reimbursement. The willingness of some carriers to reimburse at or near the billed amount does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (d).<br><br>Therefore, <b>no</b> additional reimbursement is recommended. |
| <b>Totals</b> |                     | \$190.00 | \$95.00 |                    |      |  | The Requestor <b>is not</b> entitled to reimbursement.  |

The above Findings and Decision are hereby issued this 17th day of July 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.